

# Quarterly Report

## January– March 2025

Heard from **379** people about their views and experiences of health and care



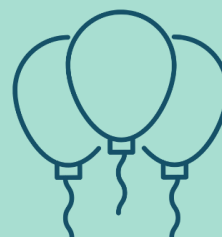
Hosted a round table discussion with local MP Gill Furness and some of our community partners – focussing on **Long Term Health Conditions**



Helped **188** people with enquiries about health and social care services



Held our **Contract Launch** event, celebrating with partners and involving them in shaping our work



Presented our work on **Long Covid** at the Sheffield Health and Wellbeing Board, getting board support for a number of actions



Published a **Your Voice Counts** briefing in collaboration with **Women's Aid** – focussing on the experiences of women living in their hostels



# 1. Introduction

Coming to a close in this financial year, we have been taking stock of where we are in the [priorities that we set for 2023-25](#). Originally intended to be concluded by March 2025, our Strategic Advisory Group agreed that we should extend these priorities by 6 months. This was in part due to the contract tender process that (alongside some staff changes) meant we had lacked capacity to do some of the work. We now have plans in place to conclude these by the end of September 2025 – which means that we have already started thinking about what our next priorities will be. Our Contract Launch event in February was a fantastic opportunity to share with partners what we had been up to since we set these priorities – and celebrate the successes of our work. It also gave us the chance to hear people's views on how Healthwatch should work in the future; what people shared with us will help shape both our refreshed strategy (read the previous one [here](#)) and our new workplan for 2025-27.



*Photos from our contract launch celebration event*

We also hosted 2 roundtable discussions this quarter – this is in line with our commitment to create opportunities for people and communities to meet directly with leaders and decision makers. In the first of these, we invited our [Community Partners](#) to join us in meeting Gill Furniss MP; representatives from 5 organisations took part in a discussion focussed on long-term health conditions. Our second roundtable looked at Sexual Health Services for young people in homeless accommodation – this followed a previous Speak Up report from Sheffield Foyer, who have continued to work with us in seeking improvements in this area. The meeting looked at improvements that have already been made, and enabled us to work together on developing further actions.

In March we had national news about big changes to the NHS – alongside this, we are still awaiting the Penny Dash review into Patient Safety Organisations (including the Care Quality Commission, and Healthwatch). We don't yet know what these many changes will mean for our role but while we wait, we are carrying on with our work to ensure that the views and experiences of Sheffield people are heard, and can help inform the decisions that are made locally.

## 2. Enquiries, Information and Advice



- Giving information about health and social care services is one of our statutory duties.
- People can get in touch with our [information service](#) by email, phone, and at our weekly in-person drop in. We also give information when we are out and about at community events.
- We can help with things such as people's rights to treatment, what services may be available to them, or how to raise a concern about a negative experience they have had.
- People who come to us for information also share feedback with us which helps shape the rest of our work.

188

contacts with our  
information and  
advice officer

1100

visitors to our  
website looked at the  
information pages

8

new information  
articles added to  
the website

### Examples of what we've heard through our Information Service this quarter

**Reasonable adjustments:** patients with disabilities or additional needs shared mixed experiences around their requests for reasonable adjustments in health services. This includes positive experiences, eg one patient was able to email their health concerns ahead of a GP appointment and access a ground floor clinic due to the absence of a lift. In contrast, another patient at the same practice reported reasonable adjustments hadn't been made, highlighting inconsistencies in care.

**Travel:** we heard from people who had been struggling to attend their healthcare appointments because of transport issues, including the cost associated with travelling, poor public transport links, and mobility issues. People said they would like to see more flexible appointment options—such as video or phone consultations with their GP or hospital consultants, or the option of a home visit when needed. People also mentioned that more should be done to spread the word about the Yorkshire Ambulance non-emergency patient transport service.

# Where have we signposted people this quarter?



## Case Study

### Accessible Information Request

\*Sarah got in touch to tell us about her recent visit to the breast screening clinic at the Royal Hallamshire Hospital. Sarah noted she was happy with the information given at the screening which was really clear and helpful, and said the staff she met were lovely. However, when she was leaving, Sarah asked if she could get her screening results in large print but was told this wasn't possible and the results would be sent in standard format. Sarah said this made her feel isolated and upset.

With Sarah's permission, we shared her feedback with the hospital's Patient Advice and Liaison Service (PALS). Shortly afterwards, Sarah contacted us to say she had received a call from the breast screening management team, who apologised for the incorrect information she had been given and assured her that she would receive her results in the large print format she had initially requested

\*name has been changed

### 3. Website

This quarter we had **5,530 visitors** to our website, totalling **12,905 page views**.



Most popular pages:



[Joining our Strategic Advisory Group](#)

[General information about volunteering](#)

Report with the most views:



What have we been hearing about?

[December 2024 – January 2025](#)

#### Information and advice

Nearly **20%** of our website visitors viewed pages in our Information & Advice section. This section is constantly growing; this quarter we published 8 new information articles about health and support, including how to support someone with an eating disorder, and information about lasting power of attorney. The most frequently read article was ['what should I do if my GP removes me from their list?'](#)

You can find all of our information and advice articles [on our website](#).

#### Social media

This quarter we decided to move away from the social media platform X (formerly Twitter).

We recognise that our social media is an important place for people to learn about our work and the support we can offer them, and a place to connect with individuals, professionals and organisations. With this in mind we are taking a staggered approach to moving platforms. We have created an account on Bluesky ([@hwsheffield.bsky.social](#)) and are building up our profile with the intention to cease posting on X entirely next quarter. We plan to continue using Facebook and Instagram as well, where our profiles remain active.

### 4. CQC / Sharing intelligence

**Healthwatch England and Nationally:** We have been sharing data with Healthwatch England monthly, via their new digital platform; this connection with Healthwatch England helps us influence policy at a national level. Following on from our work on [Palliative and End of Life Care](#), Healthwatch England asked us to participate in a private roundtable with some members of the parliamentary health select committee on this topic. This will take place in April.

**CQC:** This quarter we haven't shared any pieces of feedback directly with the CQC. We have done work to help inform the following inspections:

- **Special Educational Needs and Disabilities (SEND)** – this was announced in March, and we circulated the parent survey with our networks to support parent voice.
- **Adult Social Care** – this inspection is anticipated to take place soon; we have been doing work to review what we know about people's experiences of adult social care, so that we can share this with inspectors when they come.

**Sheffield Health Scrutiny Sub-Committee:** This quarter we made a formal referral to the [Health Scrutiny Sub-Committee](#) and asked them to look at the subject of Continuing Healthcare (CHC). We shared a briefing with councillors about the issues that we'd heard, to help inform the discussion. As a result, it was agreed that the committee should give further focus to this area in their workplan.

## 5. Children and Young people

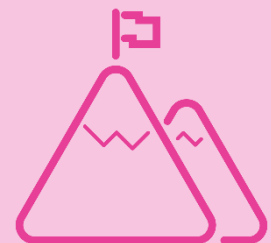
In February we hosted a roundtable discussion to follow up on our [work on sexual health services for young people living in homeless hostels](#). For this discussion, we wanted to reflect on the changes that had been made in sexual health services, as well as changes within the hostels, and identify any further actions we could collectively take to improve sexual health and wellbeing for the young people supported by the hostels.

The meeting was attended by staff from Sheffield Foyer, Cherrytree, and Roundabout who provide temporary accommodation for young people. Also present were staff from the sexual health commissioning team in Public Health at Sheffield City Council, and people in various roles (clinical, engagement and more) from the sexual health team at Sheffield Teaching Hospitals. A staff member from Primary Care Sheffield provided updates from their service by email.

### Impact

A number of actions came from the round table meeting on sexual health, some of which are already in progress. These included:

- A commitment to co-design a young person's guide to mental health services, with visual information
- Sexual Health Sheffield said they would provide existing information resources in other languages, to be included in hostel move in packs
- It was agreed that the new sexual health van would visit and be hosted in hostel car parks





## 6. Community Partnerships

### Visit from Gill Furniss MP

On 28 February 2025, Healthwatch Sheffield hosted a roundtable conversation with Gill Furniss, MP for Sheffield Brightside and Hillsborough. It was attended by representatives from voluntary sector organisations who support people with long term conditions, and their families and carers.

Discussion focused on the different challenges people with long term conditions and their families face in Sheffield, and what might help to address some of these. Key topics included specialist clinics and support, transport, social care, personal finances and national policies impacting health and social care.



## 7. Projects, Involvement and Engagement

### Your Healthwatch: Celebrating the New 10-Year Healthwatch Sheffield Contract

On 14 February 2025, we celebrated the new 10-year Healthwatch Sheffield contract by bringing together key stakeholders – members of the public, volunteers, people working in health and social care services, and people working in voluntary sector organisations.

It was a fantastic morning filled with cake and discussion about what the next 10 years will look like for Healthwatch Sheffield. To start this conversation, which will shape our new strategy and future workplan, we ran a series of quizzes and activities looking at the values and actions we need to take to achieve Healthwatch Sheffield's shared vision for Sheffield of a more equitable, healthy city. You can read the write up [here](#).



*Our contract launch celebration event*

## Out and about at community groups and events

Connecting with other organisations at their events is an important part of our outreach work. By doing this, we are able to hear about the experiences of the people that they support as well as raising awareness of Healthwatch Sheffield, including our information and advice offer.

This quarter events we have participated in include:

**A Place of Hope** a South Yorkshire regional summit led by Save the Children UK on 17 February. This event focused on addressing the systemic roots and lived realities of child poverty. The summit emphasised that child poverty is not a personal failure but a policy failure, with wide-reaching impacts not only on financial stability but also on mental health, quality of life and long-term health outcomes.



**Creative Health Sheffield Launch** at SADACCA. The event focused on the impact of community-led, co-produced creative health activities across Sheffield, emphasizing the importance of integrating creative approaches into healthcare and wellbeing.





## A Neighbourhood Focus on Health and Care – Tinsley

We continued to talk with people in the Tinsley area, as part of our neighbourhood focus. This quarter we carried out more in-depth conversations with individuals, and also visited a group of older residents at the Tinsley Forum to talk about what accessing health and social care looks like in their community. There we had an honest and sometimes emotional conversation about barriers, resilience, and the quiet toll of ‘waiting’ – for appointments, treatment, and support.

Issues covered included GP access, transport and dental care. We also heard how carers felt unsupported – especially after retirement, when Carers Allowance stops. People relied on family and friends because formal services were either too slow or non-existent, with equipment like stair lifts taking a long time to arrive.

This group didn’t just share their stories – they also shared solutions. They asked for improved GP phone systems, better transport support, more reliable interpreters, and a simpler way to find the help they need.



## A Neighbourhood Focus on Health and Care – Wybourn and Richmond Park

Following a successful bid to Great Places Housing Group Resilience fund, we will be focussing more staff time in the areas of Richmond Park and Wybourn over the next 12 months. This quarter we spent time planning this work, and organising launch events to take place in April. This funding will support us to:

- Connect with local residents, and hear their feedback about services
- Offer wellbeing activities
- Give information and advice about accessing health and social care services

This will be done through visiting existing groups and talking to local people, then involving them in designing some health-focussed community events to take place later in the year.

## 8. Reports

### Your Voice Counts: the experiences of women living in Sheffield's domestic abuse refuges

This briefing was produced in collaboration with Sheffield Women's Aid. They had invited us to visit their refuges and speak to women living there about the specific challenges they face. They felt there were limited opportunities for women who have experienced and survived domestic and sexual abuse and violence to share their stories and draw attention to their needs.

Women told us about challenges involving waiting lists, caring responsibilities, finance, travel, interpreters, housing, and stigma.

[Read the full findings on our website.](#)

#### Impact

We have shared this with South Yorkshire Integrated Care Board to inform the way they are working to establish Women's Health Hubs, and their approach to implementing the Women's Health Strategy in our area. We will also share this with Sheffield City Council so that they can consider the findings as they implement local strategies and plans that impact women who have experienced domestic abuse – for example their Housing Strategy, and From Surviving to Safety (Sheffield's strategy to end Domestic and Sexual abuse and Violence Against Women and Girls).



### What have we been hearing?

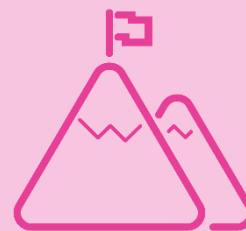
This quarter we published one of our regular intelligence briefings:

[Insights from December 2024 – January 2025](#)

This included feedback on key issues including GP booking systems, and shortages of continence pads.

#### Impact

Some services let us know what actions they have taken in relation to the feedback we share in this way. In response to feedback about uncomfortable waits in the busy A&E department, including queues outside with a lack of seating, Sheffield Teaching Hospitals told us they are looking into additional seating, including outdoor benches for busy periods.



## Long Covid

In March we presented our work on Long Covid to the [Health and Wellbeing Board](#). We asked the board for commitment to the following actions:

- Promote public information and awareness of Long Covid
- Improve Covid safety measures in healthcare settings
- Increase knowledge and capacity in primary care
- Work with employers to develop/ implement good practice
- Build on the insights, community connections and network which came from the Healthwatch Accessing Long Covid Support in Sheffield project
- Commit to actively involving people with Long Covid in designing any new service model
- Update in six months on the Pathways to Work programme.



There are currently active discussions about the future model for Long Covid support in the city, and we are working with services to support patient and public involvement on this.

## 9. Quality Accounts

We are expecting to receive the 2024-25 Quality Reports from local NHS Trusts in the next quarter. As always, our responses will consider patient and public feedback we've received over the last year.

## 10. Health & Care Public Forum (Sheffield)



This quarter our regular Health and Care Public Forum met 3 times. This forum is a public and patient forum which we run on behalf of Sheffield Health and Care Partnership to help inform their work.

In **February**, the Forum heard about a project on hospital **visiting times**. Forum members shared their views, knowledge and experiences to inform a report which aims to influence local policy. Our students on placement came along to gather feedback from the group on their plans for the new Healthwatch Feedback Volunteer role (read more on this in section 13).

In **March**, the students returned to the Forum to hear thoughts on the Feedback Volunteer training which they had developed and to gain further insights on the role. The group were updated on the project in the North East of the city (This Is Us), and plans around the Healthwatch Sheffield's strategy. They also discussed work to develop a Sheffield Health and Care Partnership involvement plan.

## 11. Local decision making

The Health and Care Bill made changes to the way the NHS is organised – on 1st July 2022 **Integrated Care Boards** (ICBs) were set up across the country in each sub-region. These boards work with partnerships of local organisations such as voluntary sector organisations and local authorities, as part of an **Integrated Care System (ICS)**. Sheffield is currently part of the **South Yorkshire ICS**, and our Chief Officer has been representing South Yorkshire Healthwatch on the **South Yorkshire Integrated Care Board (SY ICB)** since it was first established.

In March 2025, the government announced that:

- NHS England would be abolished
- ICBs would be required to cut their running costs by 50% – this follows the process that they have just been through to reduce their running costs by 30%. The new round of cost savings would need to be completed by the end of December 2025.

Alongside this, we are awaiting the publication of the NHS 10 Year Plan, and also the Dash report into Patient Safety Organisations – including the Care Quality Commission (CQC) and Healthwatch.

The impact this will have on decision making structure (and our role within them) is unclear – but with so many changes happening, it's more important than ever that we stay focussed on the critical issues impacting people and patients.

**We will continue to advocate for the importance of involving people in decision making, wherever those decisions are made.**

## 12. Supporting services to involve people

### Care Suites Model

We attended an event to look at the development of a Care Suites model in the city – Care Suites aim to provide care, support and accommodation in one place for people over the age of 65. We have been speaking with staff at Sheffield City Council about how public views can help inform the development of this model.

### Older Adults Transformation Project

We have been attending the project board meetings and contributing to the development of involvement plans in this work, including the offer of Healthwatch Volunteer time to support with surveys and engagement.



## Sheffield Health and Social Care Trust (SHSC)

We met with senior leaders in SHSC to talk about how they were involving people in the development of their new strategy. We also attended workshops and took part in discussions to help refresh the Terms of Reference for the SHSC Lived Experience and Co-production Assurance Group (LECAG). This group is a key part of the governance structure within the Trust, bringing support and challenge to ensure that Co-production and Lived Experience are used effectively and consistently across the organisation.

## 13. Volunteers and Placements

January – March was a busy period for volunteering and placements. Our volunteers gave up **over 200 hours** of their time to support our work – including as part of our Strategic Advisory Group, and the Health and Care Public Forum (Sheffield).

Our newest group of volunteers, who completed their training with us in December, have been busy this quarter. They have starting helping us with our neighbourhood project in Tinsley, taking part in a wide range of tasks including:

- Visiting Highgate GP practice to recruit interview participants
- Attending a focus group at an older people's social group
- Doing research on the area to support our work
- Typing up interview notes ready for analysis

From the end of January, we were joined by Tobey and Elizabeth – two second year sociology students on a 120 hour work placement from Sheffield Hallam University. They joined us two days a week for eight weeks, on a project developing a new volunteering role for Healthwatch.

The Healthwatch Feedback Volunteers (referred to in our last report as 'Visiting

Volunteers', now re-named) will visit health and social care settings like GP waiting rooms, care homes, and hospitals to speak with patients, families and staff about their experiences – not just of that service, but of health and social care more widely.



As part of their placement, Tobey and Elizabeth designed a role description, a recruitment plan including posters, flyers and social media posts, a training package, and met with existing volunteers and staff from both Hospital trusts in the city.

They have written a blog about their time with us, which you can [read on our website](#).

## 14. Healthwatch Team

There have been no changes to our Healthwatch Team this quarter. We have advertised for new members to join our **Strategic Advisory Group** (SAG) – we will finish recruiting to these roles next quarter. In the tender for our new contract, we committed to strengthening this group through adding to the diversity and the range of experience (including lived experience) within it. This will be a key focus in the recruitment process.

## 15. Coming up next

We will launch a new round of Speak Up Grants focussed on Children and Young People

We will start our work in Richmond Park and Wybourn with Great Places Housing Group

We will start actively recruiting to the new Feedback Volunteer role – and begin scheduling visits to Health and Care Services

We will recruit new members of the Strategic Advisory Group, to strengthen and diversify the current group

## Using Voice for Influence

---



As well as sharing our intelligence in our written round ups, staff and volunteers regularly raise feedback and share experiences in the meetings they attend. Taking part in meetings helps us stay informed about developments in services, and enables us to promote the importance of listening to, and involving people, in shaping those developments. This quarter, we have attended the following meetings, boards and committees:

- Sheffield Health and Wellbeing Board
- Lived Experience and Co-production Assurance Group (Sheffield Health and Social Care Trust)
- Integrated Care Board (NHS South Yorkshire)
- Quality, Patient Involvement and Experience Committee (NHS South Yorkshire)
- Health Scrutiny Sub-Committee – Sheffield City Council
- Area Prescribing Group
- Primary Care Commissioning
- Integrated Medicines' Optimisation Committee (IMOC)
- VAS weekly network meetings
- Sheffield Health and Care Partnership Board
- South Yorkshire Local Dental Network
- Sheffield Teaching Hospitals Quality Objective Steering Group
- Patient Engagement and Experience Committee – Sheffield Teaching Hospitals
- Adult Partnerships Board
- Older Adults Transformation Project Board (Mental Health)
- Health Workstream of the Refugee Asylum and Migration Strategic Partnership
- Sexual Health Network
- Same Day Urgent Care Steering Group

**Representatives from other Healthwatch in South Yorkshire also attend a range of meetings on behalf of our region, giving us an opportunity to feed into other areas of work including:**

- South Yorkshire Integrated Care Partnership
- South Yorkshire Mental Health/Crisis care meetings
- South Yorkshire System Quality Group